County: Pierce HERITAGE OF ELMWOOD NURSING HOME PO BOX 86 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Village Skilled No Yes Average Daily Census: 53

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/00)	Length of Stay (12/31/00) %
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year	34. 0 35. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 9	Under_65	3.8	More Than 4 Years	30. 2
Day Services	No	Mental Illness (Org. /Psy)	47. 2	65 - 74	5. 7		
Respite Care	No	Mental Illness (Other)	7. 5	75 - 84	28. 3	l	100. 0
Adult Day Care	No	Al cohol & Other Drug Abuse	0.0	85 - 94	56 . 6	**************************************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	5. 7	Full-Time Equivale	
Congregate Meals	No	Cancer	3.8			Nursing Staff per 100 R	esi dents
Home Delivered Meals	Yes	Fractures	0.0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	9.4	65 & Over	96. 2	[
Transportation	No	Cerebrovascul ar	7. 5			RNs	9. 2
Referral Service	No	Di abetes	1. 9	Sex	%	LPNs	12. 3
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	20. 8	Male	17. 0	Aides & Orderlies	56 . 5
Mentally Ill	No			Female	83. 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
********************	*****	· * * * * * * * * * * * * * * * * * * *	******	<*****************	k*******	* * * * * * * * * * * * * * * * * * * *	*****

Method of Reimbursement

	Medicare (Title 18)		(Medicaid (Title 19)			Other Private			ri vate	Pay	 I	Manageo	d Care	Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Diem	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00	$3\overset{\circ}{2}$	86. 5	\$100.73	ŏ	0. 0	\$0.00	13		\$115.50	ŏ	0. 0	\$0.00	45	84. 9%
Intermediate				4	10.8	\$81.55	0	0. 0	\$0.00	3	18.8	\$112.00	0	0.0	\$0.00	7	13. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				1	2.7	\$135.89	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1. 9%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depender	nt 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	0	0.0		37 1	100.0		0	0.0		16	100.0		0	0.0		53	100.0%

	4-4-4-4-4-4-4-			4. 4. 4. 4. 4. 4. 4. 4.			*****
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	$of \ Residents'$	Condi ti	ons, Servi ces	s, and Activities as o	of 12/31/00
beachs builting kepoliting relifou)		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	i stance of	% Totally	Number of
Private Home/No Home Health	22. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	14.8	Bathi ng	1. 9		86. 8	11. 3	53
Other Nursing Homes	1. 9	Dressing	15. 1		67. 9	17. 0	53
Acute Care Hospitals	59. 3	Transferring	39. 6		43. 4	17. 0	53
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	28. 3		54. 7	17. 0	53 53
Rehabilitation Hospitals	0. 0	Eating	18. 9		64. 2	17. 0	53
Other Locations	1. 9	********	*******	*****	******	*******	:*******
Total Number of Admissions	54	Continence		%	Special Trea	atments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	7. 5		Respiratory Care	3. 8
Private Home/No Home Health	23. 1	Occ/Freg. Incontinent		37. 7		Tracheostomy Care	0. 0
Private Home/With Home Health	34.6	Occ/Freq. Incontinent		30. 2		Sucti oni ng	0. 0
Other Nursing Homes	1. 9				Recei vi ng	Ostomy Care	1. 9
Acute Care Hospitals	7. 7	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	i	1. 9	Recei vi ng	Mechanically Altered	
Rehabilitation Hospitals	0. 0					y	
Other Locations	1. 9	Skin Care			Other Reside	ent Characteristics	
Deaths	30.8	With Pressure Sores		0. 0	Have Adva	nce Directives	100. 0
Total Number of Discharges		With Rashes		1. 9	Medi cations		
(Including Deaths)	52					Psychoactive Drugs	24. 5

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	Gove	ernment	50-	99	Ski l	l ed	Al l	
	Facility	Peer	Group	Peer	Peer Group		Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75. 7	82. 7	0. 92	87. 3	0. 87	84. 1	0. 90	84. 5	0. 90
Current Residents from In-County	49. 1	85. 7	0. 57	80. 3	0.61	83. 5	0. 59	77. 5	0. 63
Admissions from In-County, Still Residing	24. 1	34. 4	0. 70	21. 1	1. 14	22. 9	1. 05	21. 5	1. 12
Admi ssi ons/Average Daily Census	101. 9	67. 7	1. 51	141. 8	0. 72	134. 3	0. 76	124. 3	0.82
Discharges/Average Daily Census	98. 1	72. 5	1. 35	143.0	0. 69	135.6	0. 72	126. 1	0. 78
Discharges To Private Residence/Average Daily Census	56. 6	23. 7	2. 39	59. 4	0. 95	53. 6	1.06	49. 9	1. 14
Residents Receiving Skilled Care	84. 9	83. 9	1. 01	88. 3	0. 96	90. 1	0. 94	83. 3	1.02
Residents Aged 65 and Older	96. 2	83. 5	1. 15	95. 8	1.00	92. 7	1.04	87. 7	1. 10
Title 19 (Medicaid) Funded Residents	69. 8	77. 2	0. 90	57. 8	1. 21	63. 5	1. 10	69 . 0	1.01
Private Pay Funded Residents	30. 2	17. 9	1. 69	33. 2	0. 91	27. 0	1. 12	22. 6	1. 34
Developmentally Disabled Residents	1. 9	3. 4	0. 55	0. 7	2. 58	1. 3	1. 50	7. 6	0. 25
Mentally Ill Residents	54. 7	56. 6	0. 97	32. 6	1. 68	37. 3	1. 47	33. 3	1.64
General Medical Service Residents	20. 8	14. 3	1. 45	19. 2	1. 08	19. 2	1. 08	18. 4	1. 13
Impaired ADL (Mean)	47. 9	50.8	0.94	48. 3	0. 99	49. 7	0. 96	49. 4	0. 97
Psychological Problems	24. 5	61. 2	0.40	47. 4	0. 52	50. 7	0. 48	50. 1	0.49
Nursing Care Required (Mean)	2. 6	6. 6	0. 39	6. 1	0.43	6. 4	0.40	7. 2	0. 36